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IDEA-3450-66

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13 December 1966

MEMORANDUM FOR : Personnel Division/COMPT/OSA

SUBJECT : Additional Personnel For Station G Life Support Section.

1. A review of the present and anticipated Life Support activities at Station G indicates a definite need for personnel action for the following reasons:

25X1A a. At the present time Station G has a shortage of one P.E. tech due to their TDY support of Station H. This shortage will become permanent when [] is reassigned PCS to Station H in February 1967 and will persist until a replacement is obtained and in place. This shortage has occurred during a period of time that the life support activity has increased approximately 16% due to the [] training program. It is fortunate that Station G has not deployed during this period, since this training program precludes "shutting down" the life support function at G to support a deployment.

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25X1A b. In the spring of 1967 [] will depart PCS with no indication of a replacement known by the undersigned at this time. Medical coverage lacks depth even at the present time because of policy restrictions regarding [] participation, especially with regard to [] support. In spite of other thoughts to the contrary, a medical technician cannot and should not be expected to act in the same capacity as a flight surgeon in his absence or on deployment. Since deployment involves missions that are the basis of OSA's existence, it seems unacceptable to ever send "second-string" personnel (i.e., a med tech instead of a flight surgeon) on

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25X1A deployment. It is also unacceptable to conduct [] training, flight testing or any other major flying function at G without the presence of a flight surgeon. However, the medical technician fills a very valuable position at Station G by assisting the flight surgeon, by flight line standby and by freeing the flight surgeon from many of his routine tasks.

c. During the summer of 1967 the Life Support workload will increase substantially because of their direct support of the [] test flight program. This increase will persist through the summer of 1968 when training is completed and initial operational capability is achieved. During this period their activity will involve working with and supporting two entirely different life support systems, i.e. both the present system and the new full pressure suit system. Although this will not represent an exact doubling of the workload, it does represent a significant increase that must be considered for manning purposes.

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d. Presuming that the present article will be phased out once all the new articles have been delivered (summer 1968), the activity of the life support section will then revert to supporting only one system. However, because of its more sophisticated hardware and inherent complexities, the full pressure suit system requires substantially more effort and manpower to support. As an example, deployment will require two P.E. techs instead of the one now used in order to provide adequate support.

2. In view of the above discussion it is recommended that the following personnel actions be considered for immediate implementation:

25X1A a. Expedite obtaining a replacement for [] [] so that the vacancy does not persist beyond March-April 1967. It would be preferable to obtain a P.E. tech who has full pressure suit experience. In general, the best sources for such personnel would be from one of the following: [] Air Defense Command (Perrin or Tyndall AFB), AF Systems Command (Edwards, Eglin or Brooks AFB), Strategic Air Command (Beale AFB), or Military Airlift Command (Kirtland AFB).

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b. Increase the number of P.E. techs authorized at Station G by three men (one TSG and two SSG). These slots should be provided at the beginning of FY-68 and filled as soon thereafter as possible. Although pressure suit experience would be highly desirable, this should not restrict filling these slots on a priority basis. If the Personal Equipment career field (AFSC 922XO) is critical and slots cannot be obtained or filled, it may be necessary to utilize Physiological Training technicians (AFSC 911XO) in their place. However, this AFSC would be acceptable only if the men could be hand selected based on their experience in pressure suit operations.

c. Provide one additional Flight Surgeon/Flight Medical Officer (AFSC 9356) slot starting at the beginning of FY-68. Although an experienced flight surgeon is preferable, a flight medical officer could be accepted.

3. Finally, I would like to emphasize the importance of the recommended personnel actions. The Station G Life Support section is undoubtedly the finest I have encountered in over eight years in this career area. It, like the entire IDEALIST program, has functioned outstandingly because of its skilled personnel, cohesiveness, high level of motivation and morale, and its relatively small size which enhances these admirable qualities. However, with increasing workloads and responsibilities a point is reached where the small organization with highly motivated personnel can no longer meet the demands, which results in a decay in morale, coordination, cohesiveness and efficiency. Such an occurrence cannot be tolerated in view of the mission requirements, past accomplishments and future requirements of the IDEALIST program.

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